

IHS-6070B
11/1/2000

INDIAN HEALTH SERVICE

PHOENIX AREA

QUARTERS TERMINATION RECORD

DHHS-IHS _____

INSTALLATION NO.: _____

STATION: _____

STATE: _____

NAME: _____

SOC. SEC. NO.: _____

EMPLOYEE STATUS: CO _____ CIVIL SERVICE _____ OTHERS _____

EFFECTIVE DATE: _____

BI WEEKLY/MONTHLY NET RENTAL RATE: _____

BLDG. NO.: _____

QTRS NO.: _____

EXCEPTION: _____

I certify that the above named occupant has been cleared of quarters and relieved of responsibility except as noted under exceptions.

Signature of Housing Officer Date

Signature of Occupant Date

Distribution: Employee/Occupant; Installation Mgr; Payroll; DCP